

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

00028.08CON

First Inventor

Joshua D. RABINOWITZ

Title

DELIVERY OF SEDATIVE-HYPNOTICS...

Express Mail Label

ER 618 758 693 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P. O. Box 1450  
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **25**]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **1**]
5. Oath or Declaration [Total Pages **1**]
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/150,857**

Prior application information: Examiner **Mina HAGHIGHATIAN**

Group / Art Unit: **1616**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number:

**37485**or ☐ Correspondence address below

Name

**Elaine C. Stracker J.D., Ph.D.****V.P. Intellectual Property**

Address

**Alexza Molecular Delivery Corporation****1001 E. Meadow Circle**

City

**Palo Alto**

State

**CA**

Zip Code

**94303**

Country

**USA**

Telephone

**650.687.3905**

Fax

**650.687.3999**

Name (Print/Type)

**Elaine C. Stracker J.D., Ph.D.**

Registration No. (Attorney/Agent)

**43,166**

Signature



Date

**December 30, 2003**

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



17364 U.S. PTO

031088 U.S. PTO  
10/749537

123003

17364 U.S. PTO  
123003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$480.00

**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	12/30/2003
First Named Inventor	Joshua D. RABINOWITZ
Examiner Name	Not Yet Known
Art Unit	Not Yet Known
Attorney Docket No.	00028.08CON

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																											
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity</b> <b>Small Entity</b>																																											
Deposit Account Number: 502731		Fee Code Fee (\$)																																											
Deposit Account Name: Alexza Molecular Delivery Corp.		Fee Description Fee Paid																																											
The Director is authorized to: (check all that apply)																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
<b>FEE CALCULATION</b>																																													
<b>1. BASIC FILING FEE</b>																																													
<table><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><td>1001</td><td>2001</td><td>750</td><td>375</td><td>Utility filing fee</td><td>385.00</td></tr><tr><td>1002</td><td>2002</td><td>330</td><td>165</td><td>Design filing</td><td></td></tr><tr><td>1003</td><td>2003</td><td>520</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>750</td><td>375</td><td>Reissue filing</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	750	375	Utility filing fee	385.00	1002	2002	330	165	Design filing		1003	2003	520	260	Plant filing fee		1004	2004	750	375	Reissue filing		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					(\$)		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1001	2001	750	375	Utility filing fee	385.00																																								
1002	2002	330	165	Design filing																																									
1003	2003	520	260	Plant filing fee																																									
1004	2004	750	375	Reissue filing																																									
1005	2005	160	80	Provisional filing fee																																									
SUBTOTAL (1)					(\$)																																								
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>																																													
<table><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr><tr><td>Total Claims 21 -20** = 1 X 9.00 = 9.00</td><td></td><td></td></tr><tr><td>Independent Claims 5 -3** = 2 X 43.00 = 86.00</td><td></td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td></tr></table>		Extra Claims	Fee from below	Fee Paid	Total Claims 21 -20** = 1 X 9.00 = 9.00			Independent Claims 5 -3** = 2 X 43.00 = 86.00			Multiple Dependent																																		
Extra Claims	Fee from below	Fee Paid																																											
Total Claims 21 -20** = 1 X 9.00 = 9.00																																													
Independent Claims 5 -3** = 2 X 43.00 = 86.00																																													
Multiple Dependent																																													
<table><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>84</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>280</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>84</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$)</td></tr></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	84	42	Independent claims in excess of 3		1203	2203	280	140	Multiple dependent claim, if not paid		1204	2204	84	42	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1202	2202	18	9	Claims in excess of 20																																									
1201	2201	84	42	Independent claims in excess of 3																																									
1203	2203	280	140	Multiple dependent claim, if not paid																																									
1204	2204	84	42	** Reissue independent claims over original patent																																									
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$)																																								
**or number previously paid, if greater; For Reissues, see above																																													
		SUBTOTAL (3) (\$)																																											

**SUBMITTED BY**

Name (Print/Type)	Elaine C. Stracker J.D., Ph.D.	Registration No. (Attorney/Agent)	43,166	Telephone	650.687.3905
Signature				Date	December 30, 2003

**WARNING: Information on this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization on**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.